

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

ARKANSAS FOR CHANGE(b) Address (number and street) ☐ check if different than previously reported3 BRIXHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A**2. FEC Identification Number**C300015493. Is This Statement ☐ New  
or  
☒ Amended4. Covering Period 06 01 2010  
through  
06 03 20105. (a) Date of Public Distribution(s) 06 02 2010 (b) Communication Title "EXPENSE"6. The filer is a(n): (a) Individual (b) ☒ Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐**8. Custodian of Records**

(a) Name

WALTER HINOJOSA

(b) Address (number and street)

3 BRIXHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

ARKANSAS FOR CHANGE

(e) Occupation

TREASURER

9. Total Donations This Statement

21000000

10. Total Disbursements/Obligations This Statement

22190800

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

WALTER HINOJOSA

SIGNATURE

Walter Hinojosa

DATE

06/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)